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## BIB DATA SHEET

CONFIRMATION NO. 9324

<b>SERIAL NUMBER</b> 10/775,775	<b>FILING or 371(c) DATE</b> 02/09/2004 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 27455.00		
<b>APPLICANTS</b> Clifford Eugene Gammons, Loudon, TN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/06/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /LAURA A Acknowledged BOUCHELLE/ Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> PITTS AND BRITTIAN P C P O BOX 51295 KNOXVILLE, TN 37950-1295 UNITED STATES						
<b>TITLE</b> REINFORCED MEDICAL PROBE COVER						
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		